

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTSDate Initial Filing Received
Official Use Only**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	2018 MAR - 2 (MIDDLE) 3:33
Elliott	Elizabeth	Nicodemus

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Department of Conservation

Division, Board, Department, District, if applicable

Your Position

Division of Oil, Gas, and Geothermal Resources

Associate Governmental Program Analyst

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of _____ City of _____ Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2017, through December 31, 2017. **Leaving Office:** Date Left ____/____/_____
(Check one)-or-
The period covered is ____/____/_____, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office. **Assuming Office:** Date assumed ____/____/_____.
_____ The period covered is ____/____/_____, through the date of leaving office. **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2****Schedules attached** **Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached **Schedule A-2 - Investments** – schedule attached **Schedule D - Income - Gifts** – schedule attached **Schedule B - Real Property** – schedule attached **Schedule E - Income - Gifts - Travel Payments** – schedule attached**-or-** **None** - No reportable interests on any schedule**5. Verification**

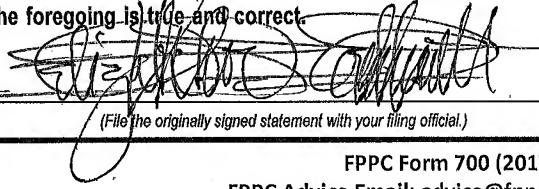
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
5816 Corporate Ave., Suite 100		Cypress	CA	90630

DAYTIME TELEPHONE NUMBER (714) 816-6820	E-MAIL ADDRESS LElliott@conservation.ca.gov
--	--

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 1, 2018
(month, day, year)

Signature 

(File the originally signed statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Elizabeth N. Elliott

► NAME OF BUSINESS ENTITY

Merill Lynch

GENERAL DESCRIPTION OF THIS BUSINESS

Brokerage dealer for retirement funds

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT 401K-stocks/bonds/money m

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / ____ / 17 ____ / ____ / 17
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / ____ / 17 ____ / ____ / 17
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / ____ / 17 ____ / ____ / 17
ACQUIRED DISPOSED

Comments: The 401K investment listed above is from my former employer.

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / ____ / 17 ____ / ____ / 17
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / ____ / 17 ____ / ____ / 17
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____ / ____ / 17 ____ / ____ / 17
ACQUIRED DISPOSED